

**DISTRICT OF COLUMBIA
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING**

NOTICE OF FINAL RULEMAKING

The Commissioner of the Department of Insurance, Securities and Banking, pursuant to the authority set forth in § 4 of the Uniform Consultation Referral Form Act of 2002, effective April 13, 2002 (D.C. Law 14-97, D.C. Official Code § 31-3233) (Supp. 2002)) hereby gives notice of adoption of a new Chapter 43 of Title 26 of the District of Columbia Municipal Regulations (DCMR). The purpose of this new chapter is to provide a uniform referral form to be used when a health insurer requires that an insured have a written referral form to receive consultation services. This is an effort to simplify the referral process. The Notice of Proposed Rulemaking was published in the D.C. Register at 54 DCR 1878 (March 2, 2007). The final rulemaking will be effective when published in the D.C. Register.

26 DCMR is amended by adding a new Chapter 43, Uniform Consultation Referral Form, to read as follows:

CHAPTER 43

UNIFORM CONSULTATION REFERRAL FORM

4300 APPLICABILITY

4300.1 Each health insurer that requires an enrollee or subscriber to have a written referral in order to receive services shall use the uniform consultation referral form adopted by the Commissioner.

4300.2 Each health insurer must comply with these rules beginning with referrals issued 120 days after the promulgation of the final regulation.

4301 CONSULTATION REFERRAL FORM

4301.1 The health insurer may not impose as a condition of coverage a requirement to modify the uniform consultation referral form or to require the submission of additional consultation referral forms.

4301.2 The health insurer may provide a separate set of instructions for use by the health care provider regarding the health insurer's specific managed care requirements, and the instructions may be preprinted on the back of the uniform consultation referral form, if the instructions do not result in any modifications in the format of, or information categories directed to be supplied on the front of the uniform consultation referral form.

- 4301.3 The health insurer may provide stamps or preprinted stickers to include additional information to be inserted in the health insurer information block.
- 4301.4 The health insurer may preprint the designated health insurer information in the health insurer information field on the uniform consultation referral form.
- 4301.5 The health care provider shall use the uniform consultation referral form and complete it properly.
- 4301.6 The consultant or facility provider shall accept a properly completed uniform consultation referral form.

4302 ELECTRONIC TRANSFER

- 4302.1 The uniform consultation referral form may be transmitted by facsimile, so long as, the format and the data on the uniform consultation referral form remain unchanged.

4303-4398 RESERVED

4399 DEFINITIONS

- 4399.1 "Health benefits plan" means any accident and health insurance policy or certificate, hospital and medical services corporation contract, health maintenance organization subscriber contract, plan provided by a multiple employer welfare arrangement, or plan provided by another benefit arrangement. The term "health benefit plan" does not mean accident only, credit, or disability insurance; coverage of Medicare services or federal employee health plans, pursuant to contracts with the United States government; Medicare supplemental or long-term care insurance; dental only or vision only insurance; specified disease insurance; hospital confinement indemnity coverage; limited benefit health coverage; coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law; automobile medical payment insurance; medical expense and loss of income benefits; or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

"Health insurer" means any person that provides one or more health benefit plans or insurance in the District of Columbia, including an insurer, a hospital and medical services corporation, a fraternal benefit society, a health maintenance organization, a multiple employer welfare

arrangement, or any other person providing a plan of health insurance subject to the authority of the Commissioner.

"Commissioner" means the Commissioner of the Department of Insurance, Securities and Banking.

APPENDIX 43-1

**DISTRICT OF COLUMBIA
DEPARTMENT OF INSURANCE,
SECURITIES, AND BANKING**

UNIFORM CONSULTATION REFERRAL FORM

Uniform Consultation Referral Form

1. Patient Information		2. Carrier Information	
Date of Referral:		Name:	
		Address:	
		Phone:	
		Fax:	
		Referral Number:	
Name (Last, First, MI)			
Date of Birth: (MM/DD/YY)	Phone:		
Member#:			
Site #:			
3. Primary or Requesting Provider:		Specialty:	
Name: (Last, First, MI)		Provider ID:	Provider ID #: 2 (If Required)
Institution / Group Name:			
Address: (Street #, City, State, Zip)			
Phone Number:		Facsimile / Data Number:	
4. Consultant / Facility Provider:		Specialty:	
Name: (Last, First, MI)		Provider ID:	Provider ID #: 2 (If Required)
Institution / Group Name:			
Address: (Street #, City, State, Zip)			
Phone Number:		Facsimile / Data Number:	
5. Referral Information:			
Reason for Referral:			
Brief History, Diagnosis and Test Results:			
6. Service Desired:		7. Place of Service:	
Provide Care as indicated:		Office	
Initial Consultation Only		Outpatient Medical/Surgical Center*	
Diagnostic Test: (specify)		Radiology Laboratory	
Consultation With Specific Procedures: (specify)		Inpatient Hospital*	
Early, Periodic Screening, Diagnosis & Treatment		Extended Care Facility*	
Standing Referral		Other: (explain)	
Specific Treatment:		(Specific Facility Must be Named)	
Global OB Care & Delivery			
Other: (explain)			
Number of visits: (If blank, 1 visit is assumed)	Authorization #: (If Required)	Referral is Valid Until: (Date) (See Carrier Instructions)	
Signature: (Individual Completing This Form)		Authorizing Signature: (If Required)	

Referral certification is not a guarantee of payment. Payment of benefits is subject to a member's eligibility on the date that the service is rendered and to any other contractual provisions of the plan / carrier. This form may not be use electronically.